FORM 3

302017188

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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13 APR 15 PM 4:50

	Tot All Audionzed Committee				Office Use Only		
NAME OF COMMITTEE (iii	TYPE OR PRIN n full)	NT ▼	Example: If typic over the lines.	ng, type	12FE4M5		
FRIENDS OF	JOHN MCCAIN INC	=				1	
			0.075 445				
ADDRESS (number a	1 1 1 1	INGTON STREET	SUITE 115		<u> </u>		
Check if d than previous reported. (	ously ALEXANDRIA	A			L <sup>VA</sup> J L <sup>2</sup>	22314 	
2. FEC IDENTIFI	CATION NUMBER ▼	CITY	<b>\</b>		STATE A	ZIP CODE	
C C005403	310	3. IS THIS REPORT	NEV (N)	V OR	AMEND (A)	STATE ▼ DISTRICT	
(a) Quarterly Reports  April 15 Quar  July 15 Quar  October 15 (	5 Quarterly Report (Q1)	(b) 12-Day P	RE-Election Rep Primary (12F	P) [	General (1:	· · · · · · · · · · · · · · · · · · ·	
	er 15 Quarterly Report (Q3)	Election		/ [D × D] /	<b>A</b> A A A A	in the State of	
	y 31 Year-End Report (YE)	(c) 30-Day <b>P</b>	OST-Election Re	F	Runoff (30)	R) ' D Special (30S)	
∐ Termin	ation Report (TER)	Election	on M	/ D B /		in the State of	
5. Covering Period	M M / D D O1	2013	through	M * M 03	/ D D / 31	2013	
I certify that I have of	examined this Report and to	1/1	knowledge and	belief it is tr	ue, correct and	complete.	
Signature of Treasure	er Keith A. Davis				Date 04	/ [12°] / [2013°]	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
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